

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	low	32	11/20
FORMALITY REVIEW	CM	71632	1/24/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	11 05 12 06 2
1	02 20 02 16 4
2	01 02 02 03 5
3	✓ ✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓ ✓
7	0 0 0 ✓
8	✓ ✓ ✓ ✓ ✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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